



This marihuana establishment license application is intended for applicants seeking a license for a marihuana grower (class A, B, or C), marihuana processor, marihuana retailer, marihuana secure transporter, marihuana safety compliance facility, or marihuana microbusiness.

**DO NOT** SUMBIT A MARIHUANA ESTABLISHMENT LICENSE APPLICATION UNLESS YOUR MARIHUANA ESTABLISHMENT WILL BE READY TO PASS AN INSPECTION WITHIN 60 DAYS OF APPLICATION SUBMISSION.

Failure to pass an inspection within 60 days of application submission may result in the denial of your license application.

## MARIHUANA ESTABLISHMENT LICENSE APPLICATION – STEP 2

### *Establishment License Application*

- ☐ Page 1: Demographic Information
- ☐ Page 2: Attestation 2-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- ☐ Page 3: Attestation 2-B – Interest & Experience Attestation
- ☐ Page 4: Attestation 2-C – Confirmation of Section 6 Compliance
- ☐ Page 5: Attestation 2-D – Confirmation of Insurance
- ☐ Page 6: Acknowledgment of Attestations (signed & notarized)
- ☐ Page 7: Disclosures: (1) License Type, (2) Business Specifications, (3) Municipality Information, (4) Employee Information

### *Business Specifications*

- ☐ Assumed Name/DBA documentation (if applicable)
- ☐ Copy of Marijuana Establishment Plan complying with the Emergency Rules, including but not limited to:
  - ☐ Diagram of establishment
  - ☐ Floor plan
  - ☐ Construction details
  - ☐ Building structure information (e.g., new, pre-existing, freestanding, fixed)
  - ☐ Building type information (e.g., commercial, industrial, house, warehouse, etc.)
  - ☐ Zoning information
  - ☐ Description of multiple tenants and/or occupancy restrictions
  - ☐ Security plan
- ☐ Copy of technology plan (3rd party integrating software with METRC)
- ☐ Copy of marketing plan (advertising, propaganda, etc.)
- ☐ Copy of inventory & recordkeeping plan
- ☐ Copy of staffing plan
- ☐ Copy of deed or lease agreement
- ☐ Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
- ☐ Copy of Certificate of Use and Occupancy
- ☐ Marihuana Secure Transporter: Proof of auto insurance, vehicle registration, and registration as a commercial motor vehicle (for any vehicles used to transport marijuana product)

All applicable items on the checklist are required to be provided at the time of application submission.  
Failure to submit any of the required items may result in the denial of your application.



Adult-Use Licensing  
Marijuana Regulatory Agency  
P.O. Box 30205 Lansing, MI 48909  
Telephone: (517) 284-8599  
[MRA-AdultUseLicensing@Michigan.gov](mailto:MRA-AdultUseLicensing@Michigan.gov)

## MARIHUANA ESTABLISHMENT INFORMATION

Please provide the following information regarding the marihuana establishment seeking a state license.

<b>Applicant Name</b> (as appears on official business documents)	<b>DBA/Assumed Name</b> (Attach copy of filed assumed name certificate, if applicable)
<b>Physical Address</b>	<b>FEIN/SSN</b>
<b>City</b> <b>State</b> <b>Zip Code</b>	<b>Phone</b>
<b>Mailing Address</b> (if different than physical address)	<b>Email Address</b>
<b>City</b> <b>State</b> <b>Zip Code</b>	<b>Business Location Zoning Category</b> (e.g., agriculture, commercial)

## PERSON COMPLETING APPLICATION

Please provide the following information for the individual who will act as the primary contact for this license application.

<b>Name</b> (First, Middle, Last)	<b>Affiliation with Applicant</b> <b>Date of Birth</b> (mm/dd/yyyy)
<b>Mailing Address</b>	<b>Company Name</b> (if applicable)
<b>City</b> <b>State</b> <b>Zip Code</b>	<b>Phone</b> <b>Email Address</b>
<b>Attorney License No.</b> (if applicable)	<b>CPA License No.</b> (if applicable)

### VALIDATION - FOR DEPARTMENT USE ONLY

#### MRA RECEIPT



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**ATTESTATION 2-A**  
**ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE**  
**COMPLIANCE**

(To be completed by the applicant)

On behalf of \_\_\_\_\_, I, \_\_\_\_\_,  
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

hereby acknowledge and affirm the following:

I acknowledge that I am the person responsible for submitting this application, supplemental documentation, and attestations.

I hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require additional materials to carry out its statutory duties. I agree to submit supplemental materials as requested in a timely manner. I acknowledge that failure to correct any notice of deficiency within 5 days of its receipt may result in the **denial** of an application.

I attest that the application information related to the governing municipality for the marihuana establishment which is the subject of this application is complete and accurate. Further, that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.

I hereby consent to investigations of the physical premises intended to be licensed for the purposes of rule and regulation compliance, establishment safety and security, and integrity of marihuana establishment operation integrity. I understand that failing to cooperate with an investigation process the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license.

I acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60<sup>th</sup> day after my complete application is submitted. In the event I do not have a passing inspection by the 60<sup>th</sup> day, I acknowledge that my application may be denied.



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**ATTESTATION 2-B**  
**INTEREST & EXPERIENCE ATTESTATION**  
**(To be completed by the applicant)**

On behalf of \_\_\_\_\_, I, \_\_\_\_\_,  
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

hereby acknowledge and affirm the following:

I attest and affirm that if I am applying for a GROWER A, B, or C license that I do not have any interest in a microbusiness, secure transporter, or safety compliance establishment. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance establishment. I further attest that I do not and will not have an interest in more than 5 marihuana grower establishments.

I attest and affirm that if I am applying for a PROCESSOR license that I do not have any interest in a microbusiness, secure transporter, or safety compliance establishment. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance establishment.

I attest and affirm that if I am applying for a SECURE TRANSPORTER license that I do not have an interest in a grower, processor, retailer, safety compliance establishment, microbusiness, marihuana event organizer, or temporary event.

I attest and affirm that if I am applying for a RETAILER license that I do not have any interest in a microbusiness, secure transporter, or safety compliance establishment. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance establishment.

I attest and affirm that if I am applying for a SAFETY COMPLIANCE ESTABLISHMENT license, that I do not have any interest in a grower, secure transporter, processor, retailer, or microbusiness. I attest that my investors do not have any interest in a grower, secure transporter, processor, retailer, microbusiness, designated consumption area, marihuana event organizer, or temporary event. I further acknowledge that I am, or have employed at least 1 staff member, with an advanced degree in medical or laboratory science relevant to the processes at my marihuana establishment.

I attest and affirm that if I am applying for a MICROBUSINESS license that I do not have any interest in a grower, processor, retailer, safety compliance establishment, secure transporter, or microbusiness. I further attest that I do not and will not have an interest in more than 1 microbusiness.

I hereby understand that if I am found to be noncompliant with these requirements, as set forth in the Michigan Regulation and Taxation of Marihuana Act (MRTMA), 2018 IL 1, Sec. 9, I may be subject to disciplinary action or risk loss of licensure.



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**ATTESTATION 2-C**  
**CONFIRMATION OF SECTION 6 COMPLIANCE**

(To be signed by the applicant and municipal clerk or their designee, and submitted by the applicant)

Do not sign until notary is present

**PART A:**

On behalf of \_\_\_\_\_, I, \_\_\_\_\_,  
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

understand that I am submitting this Attestation in accordance with Section 9 of MRTMA and the Emergency Rules.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Establishment Type

\_\_\_\_\_  
Establishment Address

**PART B:**

I, \_\_\_\_\_ (clerk/designee) of \_\_\_\_\_ (municipality),

hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named above in part A, is in accordance with the municipal ordinance requirement of section 6 of the Michigan Regulation and Taxation of Marihuana Act, 2018 IL 1 (MRTMA).

I further attest that:

- ☐ The municipality has not adopted an ordinance under section 6 of the MRTMA prohibiting marihuana establishments.
- ☐ The municipality has adopted an ordinance under section 6 of the MRTMA allowing marihuana establishments and the applicant is not in violation of the local ordinance or zoning regulations.

Failure of the municipality to notify the agency that the applicant is not in compliance with a municipal ordinance consistent with section 6 of the MRTMA and in effect at the time of application will not prohibit the agency from issuing a state license.

\_\_\_\_\_  
Clerk (or designee) Signature

\_\_\_\_\_  
Clerk (or designee) Email Address

\_\_\_\_\_  
Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Clerk/Designee Name) (Date)

\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Notary Public Printed Name)

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the county of \_\_\_\_\_,  
(county) (state)

My commission expires: \_\_\_\_\_.



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**ATTESTATION 2-D**  
**CONFIRMATION OF INSURANCE**

(To be signed by the applicant and an authorized representative or designee of the insurance or surety company, and submitted by the applicant)

Do not sign until notary is present

**PART A:**

On behalf of \_\_\_\_\_, I, \_\_\_\_\_,  
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

understand that I am submitting this attestation in accordance with the Emergency Rules.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Establishment Name/Insured Party Name

\_\_\_\_\_  
Establishment Address/Insured Party Address

**PART B:**

I, \_\_\_\_\_, of \_\_\_\_\_,  
Name of Representative/Designee Name of Insurance or Surety Company Authorized to do Business in this State

hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named above in part A, has liability coverage for bodily injury to lawful users resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or adulterated marijuana-infused products in an amount not less than \$100,000.00 and that no products liability exclusion exists in the liability coverage issued to the applicant and/or licensee that would exclude the coverage mandated in the Emergency Rules.

I further attest that:

☐ The policy number for the above-referenced insurance policy is \_\_\_\_\_, with an effective date of \_\_\_\_\_, and expiration date of \_\_\_\_\_. The declaration page of the above-referenced policy is attached hereto.

☐ The bond number for the above-referenced constant value bond is \_\_\_\_\_, with an effective date of \_\_\_\_\_, and expiration date of \_\_\_\_\_. A copy of the bond is attached hereto.

The policy or constant value bond listed above covers the following locations (list all locations covered by the policy or bond):

\_\_\_\_\_  
Representative or Designee Signature

\_\_\_\_\_  
Insurance or Surety Company Address

\_\_\_\_\_  
Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Agent/Designee Name) (Date)

\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Notary Public Printed Name)

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the county of \_\_\_\_\_, \_\_\_\_\_  
(county) (state)

My commission expires: \_\_\_\_\_.



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## **ACKNOWLEDGMENT OF ATTESTATIONS**

**(To be signed and submitted by the applicant)**

Do not sign until notary is present

On behalf of \_\_\_\_\_, I, \_\_\_\_\_,  
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

I hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant's acknowledgment and consent):

- ☐ Attestation 2-A: Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- ☐ Attestation 2-B: Interest & Experience Attestation
- ☐ Attestation 2-C: Confirmation of Section 6 Compliance
- ☐ Attestation 2-D: Confirmation of Insurance

\_\_\_\_\_  
Signature of Individual Authorized to Sign on Behalf of Main Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Name of Individual Authorized) (Date)

\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Notary Public Printed Name)

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the county of \_\_\_\_\_, \_\_\_\_\_  
(county) (state)

My commission expires: \_\_\_\_\_.



**(1) LICENSE TYPE FOR WHICH YOU ARE APPLYING:**

- |   |   |
|---|---|
| <input type="checkbox"/> Class A Marijuana Grower | <input type="checkbox"/> Marijuana Retailer                   |
| <input type="checkbox"/> Class B Marijuana Grower | <input type="checkbox"/> Marijuana Secure Transporter         |
| <input type="checkbox"/> Class C Marijuana Grower | <input type="checkbox"/> Marijuana Safety Compliance Facility |
| <input type="checkbox"/> Marijuana Processor      | <input type="checkbox"/> Marijuana Microbusiness              |

**(2) BUSINESS SPECIFICATIONS**

**A. Establishment Ownership Information:** Provide the following information regarding ownership of the marijuana establishment to be licensed:

Property Tax ID Number	Owner of Record
Property Street Address	Type of Ownership or Use Interest (e.g., own, rent, land contract)

**B. Estimated Income:** Provide the projected or actual gross annual income in Michigan. (check one box)

- ☐ Less than \$100,000   ☐ \$100,001 – \$150,000   ☐ \$150,001 – \$200,000   ☐ \$200,001 – \$300,000   ☐ \$300,001 and above

**(3) MUNICIPALITY INFORMATION**

- A.** Name of municipality in which the marijuana establishment will be located: \_\_\_\_\_
- B.** City, state, and zip code of municipality: \_\_\_\_\_
- C.** County of municipality: \_\_\_\_\_

**(4) EMPLOYEE INFORMATION**

- A.** Number of non-managerial employees who will work for this marijuana establishment: \_\_\_\_\_ (if unknown, estimate)
- B.** Number of managerial employees who will work for this marijuana establishment: \_\_\_\_\_ (if unknown, estimate)
- C.** Do you plan to hire independent contractors (e.g., people you will report on a 1099 form)?   ☐ Yes   ☐ No

**REQUIRED SUPPORTING DOCUMENTS**

Provide a copy of the following:

- Assumed Name/DBA documentation, if applicable
- Deed or lease agreement (lease agreement must have landlord and tenant signatures)
- Marijuana establishment plan providing information required in the Emergency Rules (see Emergency Rules and checklist)
- Technology plan including (1) any third-party systems being used to interface with METRC and (2) systems and procedures for internal loss/theft/destruction reporting
- Marketing plan which details the applicant's advertisement and marketing plans
- Inventory & recordkeeping plan demonstrating the applicant's for acquiring, storing, and transporting marijuana product inventory and description for how inventory records will be maintained
- Staffing plan which includes requirements of Part 7 of the MRTMA Emergency Rules regarding employees
- Certificate of Use and Occupancy
- **Marijuana Secure Transporter:** Proof of auto insurance, vehicle registration, and registration as a commercial motor vehicle (as applicable for any vehicles used to transport marijuana product)